

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Odessa Housing Finance Corporation		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2925 Beechwood Street		Company NAIC Number	
CITY Odessa	STATE TX	ZIP CODE 79762	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3, Block 11, Rose Terrace Addition 2nd filing			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ###.####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other.	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Odessa, City of No. 480206		B2. COUNTY NAME Ector		B3. STATE TX	
B4. MAP AND PANEL NUMBER 0140	B5. SUFFIX D	B6. FIRM INDEX DATE 10/20/1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10/20/1998	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 2895.5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

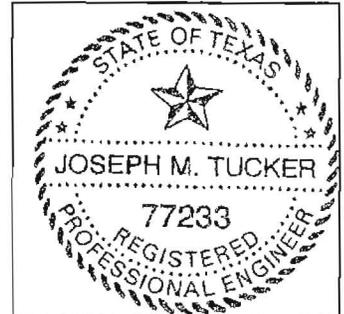
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
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C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
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 Datum NGVD 29 Conversion/Comments
 Elevation reference mark used City BM. Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	2896.8 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	____. ____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	____. ____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	2896.3 ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	2896.2 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	2896.2 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	2896.4 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	Joseph M. Tucker P.E.	LICENSE NUMBER	77233
TITLE	Engineer	COMPANY NAME	Landgraf, Crutcher and Associates, Inc.
ADDRESS	521 N. Texas	CITY	Odessa
		STATE	TX
		ZIP CODE	79761
SIGNATURE	<i>Joseph M. Tucker</i>	DATE	1 July 2004
		TELEPHONE	432-332-5058

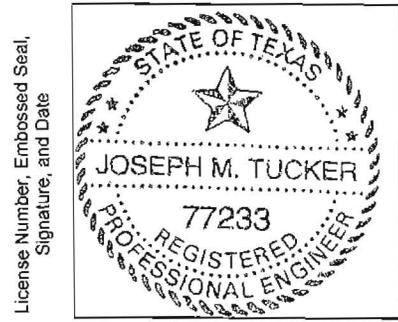
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CITY Odessa	STATE TX	ZIP CODE 79762	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, Block 11, Rose Terrace Addition 2nd filing			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###"##" or ###.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other.	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Odessa, City of No. 480206		B2. COUNTY NAME Ector		B3. STATE TX	
B4. MAP AND PANEL NUMBER 0140	B5. SUFFIX D	B6. FIRM INDEX DATE 10/20/1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10/20/1998	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 2895.3
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)					
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD 29 Conversion/Comments Elevation reference mark used City BM Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	2896. 6 ft.(m)				
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)				
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)				
<input type="checkbox"/> d) Attached garage (top of slab)	2896. 2 ft.(m)				
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	2896. 2 ft.(m)				
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	2895. 9 ft.(m)				
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	2896. 0 ft.(m)				
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0					
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)					



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CERTIFIER'S NAME Joseph M. Tucker P.E.		LICENSE NUMBER 77233	
TITLE Engineer	COMPANY NAME Landgraf, Crutcher and Associates, Inc.		
ADDRESS 521 N. Texas	CITY Odessa	STATE TX	ZIP CODE 79761
SIGNATURE <i>Joseph M. Tucker</i>	DATE 1 July 2004	TELEPHONE 432-332-5058	

ELEVATION CERTIFICATE

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CITY Odessa	STATE TX	ZIP CODE 79762	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5, Block 11, Rose Terrace Addition 2nd filing			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

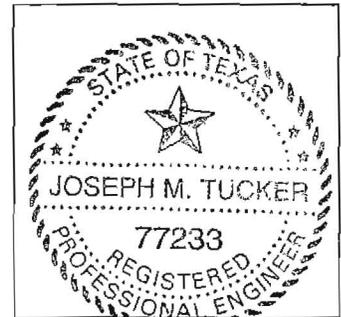
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Odessa, City of No. 480206		B2. COUNTY NAME Ector	B3. STATE TX
B4. MAP AND PANEL NUMBER 0140	B5. SUFFIX D	B6. FIRM INDEX DATE 10/20/1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10/20/1998
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 2895.1	

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date

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 Datum NGVD 29 Conversion/Comments
- Elevation reference mark used City BM. Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) 2896. 2 ft.(m)
 - b) Top of next higher floor ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) ft.(m)
 - d) Attached garage (top of slab) 2895. 9 ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 2896. 1 ft.(m)
 - f) Lowest adjacent (finished) grade (LAG) 2895. 6 ft.(m)
 - g) Highest adjacent (finished) grade (HAG) 2895. 7 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
 - i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

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CITY Odessa	STATE TX	ZIP CODE 79762	
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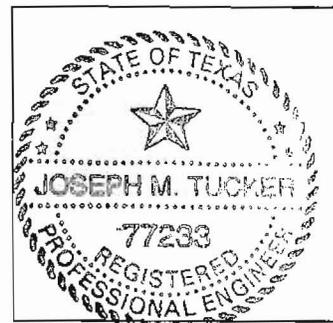
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 Datum NGVD 29 Conversion/Comments

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a) Top of bottom floor (including basement or enclosure) 2896.1 ft.(m)
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TITLE Engineer COMPANY NAME Landgraf, Crutcher and Associates, Inc.

ADDRESS 521 N. Texas CITY Odessa STATE TX ZIP CODE 79761

SIGNATURE Joseph M. Tucker DATE 1 July 2004 TELEPHONE 432-332-5058

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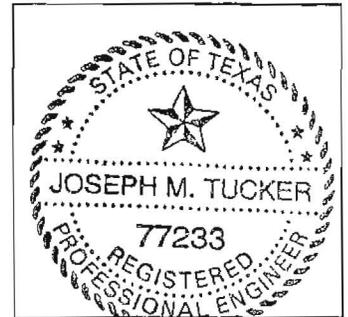
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d) Attached garage (top of slab) 2895.3 ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 2895.2 ft.(m)

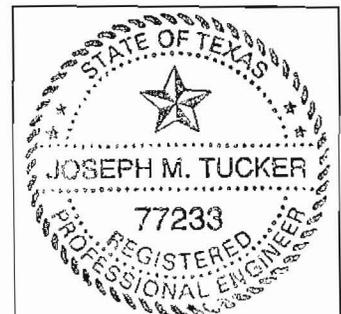
f) Lowest adjacent (finished) grade (LAG) 2895.1 ft.(m)

g) Highest adjacent (finished) grade (HAG) 2895.3 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0

i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Joseph M. Tucker P.E. LICENSE NUMBER 77233

TITLE Engineer COMPANY NAME Landgraf, Crutcher and Associates, Inc.

ADDRESS 521 N. Texas CITY Odessa STATE TX ZIP CODE 79761

SIGNATURE Joseph M. Tucker DATE 1 July 2004 TELEPHONE 432-332-5058

FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 3067-0147
 Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 0.88 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address.

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The community number and the subject property address must appear in the spaces provided below.

Community Number: 480206 Property Name or Address: Rose Terrace Additon, 2nd filing

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to FEMA for a possible map revision.

Community Comments: The subject development is in compliance with applicable City of Odessa floodplain regulations.

Community Official's Name and Title: *(Please Print or Type)*

Van E. Hagan, P.E., CFM.

Telephone No.:

432-335-3242

Community Name:

Odessa, City of

Community Official's Signature: *(required)*



Date:

29 June 2004

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

~~As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.~~

~~Community Comments:~~

~~Community Official's Name and Title: *(Please Print or Type)*~~

~~Telephone No.:~~

~~Community Name:~~

~~Community Official's Signature *(required)*:~~

~~Date:~~